

SCOTLAND EXCEL

This is part 3 of the Schedule referred to in the foregoing Contract for
Secure Care (11-12)

Schedule 3 – Individual Placement Agreement (IPA)

This Individual Placement Agreement (“IPA”) effects a Placement for the Child or Young Person named in Section 1.1 and is agreed between the Purchaser and Provider (set out in Section 2.1.1 and 2.1.2 respectively) in accordance with the Contract for Secure Care.

IPAs are governed by the Individual Placement Terms (Schedule 5 to the Contract) including the Service Specification and any additional or differing terms relative to the Individual Placement detailed herein.

Terms with an initial capital letter are defined in the Contract. Any reference to a “Section” is to a section of this IPA unless otherwise stated. Providers must fully adhere to the obligations of confidentiality attaching to any information contained in this IPA as set out in the Individual Placement Terms.

Where possible, the entire IPA should be completed. However in an emergency situation and this is not possible mandatory sections (marked with a *) must be fully completed. Information required for the IPA which is covered in full in the Child’s Plan or other documentation need not be repeated here providing the Child’s Plan or other documentation is made available to the Provider and is clearly referenced in the relevant Sections of the IPA.

SECTION 1 – CHILD OR YOUNG PERSON’S INFORMATION

*1.1 THE CHILD OR YOUNG PERSON’S: -

Family Name:			
First Name:			
Known as (If applicable):			
Child or Young Person’s Social Work Identity Number: Please complete in all cases			
Child or Young Person’s Scottish Candidate Number (SCN):			
Date of Birth (DD/MM/YYYY):		Gender	Female <input type="checkbox"/> / Male <input type="checkbox"/>

Legal status on admission to Secure Care:

143 Children’s Hearings (Scotland) Act 2011	<input type="checkbox"/>
44(1) of the Criminal Procedure (Scotland) Act 1995	<input type="checkbox"/>
205 of the Criminal Procedure (Scotland) Act 1995	<input type="checkbox"/>
208 of the Criminal Procedure (Scotland) Act 1995	<input type="checkbox"/>
Compulsory Supervision Order made under Children’s Hearings (Scotland) Act 2011, to which a secure accommodation authorisation is attached	<input type="checkbox"/>
An interim compulsory supervision order made under the Children’s Hearings (Scotland) Act 2011 with a secure accommodation authorisation attached	<input type="checkbox"/>
51 of the Criminal Procedure (Scotland) Act 1995	<input type="checkbox"/>
Secure Accommodation (Scotland) Regulations 2013 on the authority of the chief social	<input type="checkbox"/>

work officer			
Other legal status/action (Please provide detail):		<input type="checkbox"/>	
No Data Provided (Please state why):			
*1.2 THE CHILD OR YOUNG PERSON'S PARENT/RELEVANT PERSON:-			
Name of Parent/Relevant Person:			
Address of Parent/ Relevant Person:			
Phone no.		Relationship to Child or Young Person:	
*1.3. LEVEL OF NEED & RISK			
1.3.1 IMMEDIATE ISSUES OF CONCERN:			
Please detail whether the Child or Young Person has a history of any of the following:			
Absconding	<input type="checkbox"/>	Drug abuse:	<input type="checkbox"/>
Offending	<input type="checkbox"/>	Self-harm	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	Mental health issues	<input type="checkbox"/>
Sexual exploitation	<input type="checkbox"/>	Physical health issues	<input type="checkbox"/>
1.3.2 ASSESSED LEVEL OF NEED**:			
Including any specialism, this may include significant health needs requiring specialist care, complex emotional needs, the actual risk to themselves/others, substance misuse, disengaged from education, significant placement breakdown within last three (3) years etc.			
** In the case of sentenced Children and Young People, this information should be completed by the Provider.			

SECTION 2 – PLACEMENT INFORMATION			
*2.1 PARTIES TO THE IPA			
2.1.1 THE PURCHASER:-			
Name of Organisation:			
Address:			
e-Mail:			
Telephone:		Fax:	
2.2.2 THE PROVIDER:-			
Name of Organisation:			
Address:			
e-Mail:			

Telephone:		Fax:	
*2.2. EXPECTED DURATION OF THE PLACEMENT			
Admission Date:		Date IPA effective from:	
Expected Duration of Placement:	< 1 week	<input type="checkbox"/>	
	1 week – 1 month	<input type="checkbox"/>	
	1 month – 3 months	<input type="checkbox"/>	
	3 months – 6 months	<input type="checkbox"/>	
	> 6 months	<input type="checkbox"/>	
	unknown	<input type="checkbox"/>	
Placement / IPA review date:			
2.3 OUTCOMES TO BE ACHIEVED FOR CHILD OR YOUNG PERSON			
Please detail any specific outcomes which are to be prioritised for this Child or Young Person.			
Information in Child's Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, reference section here: If no, detail date for expected completion and who is responsible for this.			
SHANARRI Outcomes:		Additional Outcomes to be prioritised for this Child or Young Person:	
2.4 INTERVENTIONS			
Please outline the social care intervention/approach to be taken:			
Information in Child's Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, reference section here: If no, detail date for expected completion and who is responsible for this.			
2.5 TRANSITION ARRANGEMENTS			
Please detail any arrangements for the termination of the IPA and transition plans for the Child or Young Person.			
Information in Child's Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, reference section here:			

If no, detail date for expected completion and who is responsible for this.

2.5. CONTACT WITH FAMILY/RELEVANT PERSON

Information in Child's Plan: Yes ☐ No ☐

If yes, reference section here:

If no, detail date for expected completion and who is responsible for this.

2.5.1 NO CONTACT BETWEEN:

2.5.2 ARRANGEMENTS FOR CONTACT

Name	Relationship	Contact Arrangements (Type, frequency, duration, supervised/ unsupervised, responsibility for arrangement etc.)

2.6 EDUCATION

Information in Child's Plan: Yes ☐ No ☐

If yes, reference section here:

If no, detail date for expected completion and who is responsible for this.

2.6.1 DETAILS OF SPECIAL EDUCATIONAL NEEDS:

2.6.2 SCHOOL DETAILS

Name:	
Address:	
Telephone:	
Name of Main Contact/s	

2.7 RELIGIOUS, LINGUISTIC & CULTURAL NEEDS

Information in Child's Plan: Yes ☐ No ☐

If yes, reference section here:

If no, detail date for expected completion and who is responsible for this.			
2.7.1 DETAILS OF CHILD'S FAITH OR CULTURAL REQUIREMENTS			
2.7.2 DETAILS OF LINGUISTIC REQUIREMENTS			
2.8 DISABILITY			
Information in Child's Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, reference section here: If no, detail date for expected completion and who is responsible for this.			
2.8.1 Does the Child have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give details below:			
If yes, please give details of adaptations / specialist equipment / other requirements:			
Adaptations			
Specialist Equipment			
Other Requirements			
2.8.2 Does the Secure Unit have all of the above currently in place? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If not, please give details of outstanding requirements:			
Requirement	Date to be in place by	Responsibility for arrangements	
2.9 PLACEMENT DOCUMENTATION			
The following sections only need to be completed if the information is not already detailed in the Child's Plan:			
Documentation	Sent to Provider	If no, who is responsible for obtaining and holding documents?	Date documents provided
Child's Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Chronology	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Comprehensive Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Essential Information	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Indictment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Individual Health Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Individual Education Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		

LAC Documentation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
List of personal Belongings (including clothing)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Medical Consent Card	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Pathway Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Personal Education Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Placement request Form	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Psychiatric Report	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Risk Assessment and Risk Management Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Signed License/Order/Warrant	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Social Enquiry Report	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Other (please specify e.g. CAMHS assessments, risk assessments etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Other (please specify e.g. CAMHS assessments, risk assessments etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		

2.10. KEY CONTACTS

Information in Child's Plan: Yes ☐ No ☐

If yes, reference section here.

If no, detail date for expected completion and who is responsible for this.

The undernoted person/staff are those whom the Provider and the Purchaser nominate to be the appropriate contact points, unless otherwise notified in writing (including by email) by either party to the other, for matters relating to the Individual Service provided or finance/administrative matters or contractual matters. A Child's care management issues should be addressed to the Child's nominated Care Manager.

2.10.1 FOR THE PURPOSE OF THE IPA, THE PURCHASER'S CONTACT DETAILS ARE:

Authorised Signatory:

Name		Job Title:	
Address:			
Phone:		Mobile:	
Fax:		Email:	

Current Named Person:

Name		Job Title:	
Address:			
Phone:		Mobile:	
Fax:		Email:	

Care Manager:

Name		Job Title:	
Address:			

Phone:		Mobile:	
Fax:		Email:	
Contact if Care Manager is not available:			
Name		Job Title:	
Address:			
Phone:		Mobile:	
Fax:		Email:	
Out of hours contact:			
Name		Job Title:	
Address:			
Phone:		Mobile:	
Fax:		Email:	
Finance contact (for invoices and billing):			
Name		Job Title:	
Address:			
Phone:		Mobile:	
Fax:		Email:	
Contact for arranging transport:			
Name		Job Title:	
Address:			
Phone:		Mobile:	
Fax:		Email:	
General Practitioner:			
Name		Job Title:	
Address:			
Phone:		Mobile:	
Fax:		Email:	
Educational Establishment:			
Name		Job Title:	
Address:			
Phone:		Mobile:	
Fax:		Email:	
2.10.2 FOR THE PURPOSE OF THE IPA, THE PROVIDER'S CONTACT DETAILS ARE:			
Authorised Signatory:			
Name		Job Title:	
Address:			
Phone:		Mobile:	

Fax:		Email:		
Child or Young Person's Key Worker:				
Name		Job Title:		
Address:				
Phone:		Mobile:		
Fax:		Email:		
Finance contact (for invoices and billing):				
Name		Job Title:		
Address:				
Phone:		Mobile:		
Fax:		Email:		
SECTION 3 – FINANCIAL INFORMATION				
3.1 SUPPLEMENTARY FEES				
Please detail any Additional Services, Negotiated Additional Services and/or Extras that are to be provided and specify the applicable Supplementary Fee. Please ensure that start date review dates are detailed.				
3.1.1. Additional Services/Negotiated Additional Services				
Additional Service Name/Type	Details/ Description of Additional Service (refer to Schedule 3-Financial Information for details of Additional Services)	Start Date	Review Date	Supplementary Fee
				£
				£
				£
Total Supplementary fee for Additional Services/Negotiated Additional Services:				
3.1.2 Extras				
Extra Name/Type	Details/Description of Extra	Start Details	Review Date	Supplementary Fee
				£
				£
				£
				£
Total Supplementary Fee for Extras				£

***3.2 FEE**

In accordance with the Service Specification and the Financial Schedule of the Contract, the Purchaser shall pay the Provider the following Fees:

Description	Weekly Rate
The Agreed Fee As stated in the core cost specification, Schedule 2 of the Contract. The fee is exclusive of VAT.	£
Supplementary Fee for Additional Services Total extracted from Section 3.1.1	£
Supplementary Fee for Extras Total extracted from Section 3.1.2	£
Fee	£

***3.3 AUTHORISED SIGNATORIES TO AGREEMENT/ APPROVAL FOR FUNDING:**

The Provider and the Purchaser agree to the Placement with the named Provider for the named Child or Young Person in accordance with the details set out above.

For the purposes of this Individual Placement Agreement, the date the placement commences may not be affected or altered in any way by the date of signature of this Individual Placement Agreement.

3.3.1 PURCHASER: AUTHORISED SIGNATORY

Name:	
Position:	
Signature:	
Date:	

3.3.2 PROVIDER: AUTHORISED SIGNATORY

Name:	
Position:	
Signature:	
Date:	

3.4 AMENDMENTS AND VARIATIONS TO THE INDIVIDUAL PLACEMENT AGREEMENT

Any amendments and variations to the IPA must be made in writing by the requesting party and agreed by the Purchaser and the Provider, in advance to the variation to the IPA taking effect.

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Appendix 1 – NAMED PERSON TRANSFER OF RESPONSIBILITIES

1.1 Named Person

Please use the following process form when a named person is transferring responsibilities

1.1.2 NAMED PERSON TRANSFER OF RESPONSIBILITIES FORM

Date:	
Young Person's Name:	
Date of Birth:	
New address:	
Social Work ID No:	
Current named person + contact details:	
Parent / Guardian Name + contact details:	
Lead Professional Name + contact details:	
Please accept the transfer of the named person responsibilities for:	
I have attached / enclosed the following documents for your information (list):	
You must acknowledge or reject acceptance of this transfer request by responding to (provide contact details):	If the request is rejected please detail the reason why.